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Report from the Davidson County Child Death Review Team, 2001

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The Child Death Review Team (CDRT) in Davidson County is a multi-disciplinary group that works to understand the causes of death of resident children under the age of 18 years. Founded in 1994 by a Mayoral Executive Order, the team is directed to affect system and policy change, thereby preventing future deaths. Members of the team represent a variety of disciplines including public health, law enforcement, medicine, and social service. This article provides a brief summary of the findings of this team for the year 2001.

There were a total of 110 fatalities recorded among resident children under the age of 18 in 2001 for Davidson County. The CDRT conducted a mutli-disciplinary team review of all 110 deaths.

In This Issue:

The CDRT judged 20% of the birth certificates and 39% of the death certificates to be incomplete or inaccurate. Errors and incomplete information in vital statistics data has the potential of hindering the efforts of the CDRT. The types of errors found on birth certificates, for example, include inaccurate prenatal care information, incomplete recording of maternal medical risk factors, and incorrect recording of abnormalities of the child at birth. Death certificate errors tend to be

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Health Disparities Initiatives Metro Public Health Department

Bart Perkey, MDIV, MSSW, Director of Bureau of Health Equality

Reducing and eliminating health disparities, especially those associated with race and ethnicity has become a top priority of Metro Public Health Department (MPHD). This emphasis has evolved over time but became more specific when MPHD led efforts to form the Racial Disparities in Health Coalition of Nashville in 1999. The Coalition was selected to receive one of the first REACH 2010 grants provided by the Centers for Disease Control and Prevention (CDC) to reduce and eliminate disparities. The Nashville REACH 2010 Project is now in its second year of full funding, and MPHD plays a major role in its operation and evaluation.

More recently, as a result of a strategic planning process, MPHD has adopted the reduction of health disparities between blacks and whites as one of its five main goals. The goal includes measures related to asthma, diabetes, cardiovascular disease (CVD), infant mortality, and fetal mortality within the inner city of Nashville. MPHD has also reorganized to structurally support and emphasize its efforts to address disparities. The newly created Bureau of Health Equality includes three programs that address disparities: Community Health Equality, Community Public Health Education, and Health Care Access (better known as Bridges to Care). The purpose of the Community Health Equality Program is to provide information and consultation to partnering community health organizations so that they may devote more of their resources toward the reduction of health disparities between population groups in Nashville.

In addition, there are some fifteen specific initiatives now underway by various units within MPHD that address disparities. Ten of these are briefly described at the end of this report. What follows are more in-depth

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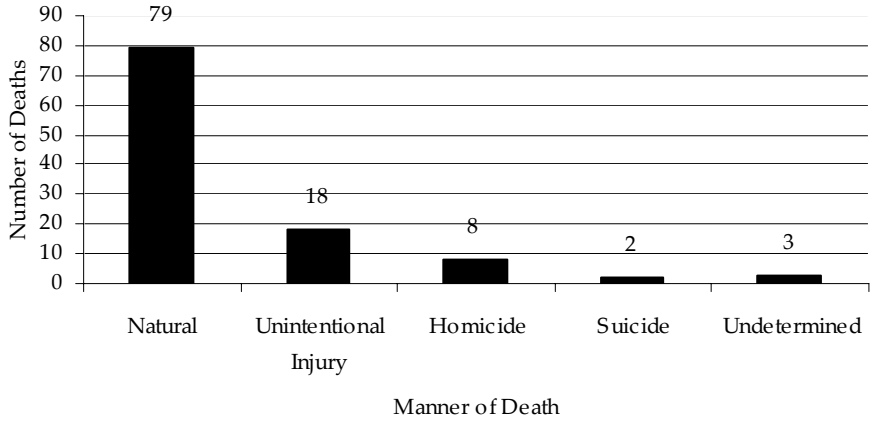
primarily errors of omission. The fields most commonly left blank are manner of death and whether or not an autopsy was performed. Despite incomplete information, however, the CDRT agreed with the manner of death indicated on the death certificate in 77.3% of the cases. The manner of death was not indicated on the death certificate for 15.4% of the cases. In those instances, the manner of death was determined by the CDRT.

The CDRT determined the manner of death to be natural causes for 71.8% of the cases and unintentional injuries for 16.4%. Homicide accounted for 7.3% of the cases reviewed, and suicide accounted for 1.8%. The manner of death could not be determined for 2.7% of the cases reviewed. (See Figure 1.)

Figure 1. Number of Deaths by Manner of Death, Davidson County, Tennessee, 2001



The largest group of child deaths occurred among children less than one year old (68%). Of these, nearly 89% died of natural causes and 30.7% survived less than 24 hours after birth. The next largest group of child deaths occurred among children aged 13 – 17 (13.6%). Of these, nearly one-third died from unintentional injuries. (See Table 1.)

Demographically, 60.9% of child deaths in Davidson County during 2001 were male. Furthermore, more males than females died in each manner of death category. The number of male deaths due to natural causes, for example, is 32.3% higher than the number of female deaths. (See Figure 2.)

Nearly 45% of child deaths were reported as white, 48.2% were reported as black, and 7.3% were reported as other races. Only 6.4% of child deaths were recorded as Hispanic. (Data not shown). The distribution of deaths across manner of death, however, is not as consistent as the pattern noted for sex. For example, the number of black deaths due to natural causes is 14.7% higher than the number of white deaths; however, the number of white deaths due to unintentional injury is approximately twice as high as the number of black deaths. (See Figure 3.)

Table 2 depicts the number and percentage of child deaths by manner of death and maternal age at birth. In 2001, nearly half of all deaths occurred to children born to mothers between the ages of 20 and 29. Of these, 76% were due to natural causes. Nearly 25% of all deaths occurred in children born to mothers between the ages of 30 and 39. Of the deaths in this age category, nearly 78% were due to natural causes.

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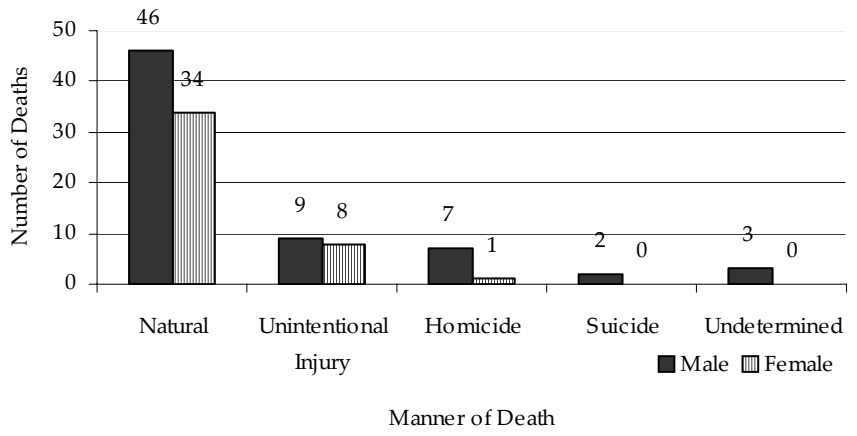
Figure 2: Number of Deaths by Manner of Death and Sex, Davidson County, Tennessee, 2001



The remaining deaths occurred to children born to mothers aged 40 years and greater (12.7%) or less than 20 years (17.2%).

For additional information about the Child Death Review Team and to view the entire report *Child Deaths in Davidson County, Tennessee 2001*, please go to Metro Public Health Department's website at: http://healthweb.nashville.org/recntpub.html. You may also contact the Division of Child and Adolescent Health at 615-340-5614.

Figure 3. Number of Deaths by Manner of Death and Race, Davidson County, Tennessee, 2001

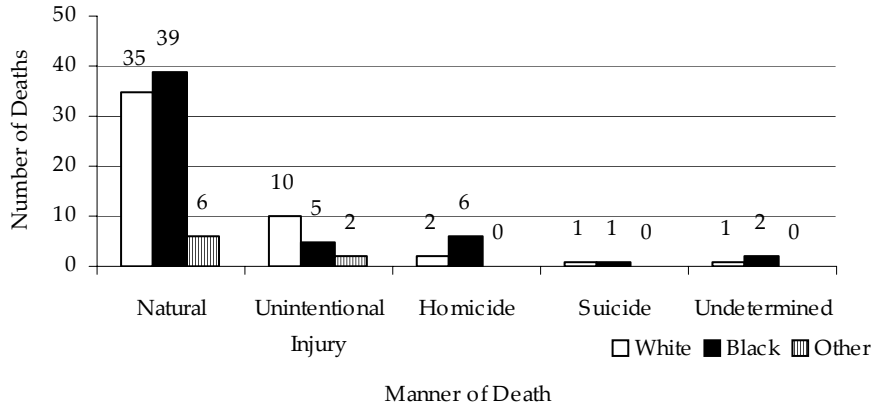


Table 2. Number and Percentage of Deaths by Manner of Death and Maternal Age, Davidson County, Tennessee, 2001

	Total		Maternal Age					
Manner of Death	**N**	**%**	**13-14**	**15-17**	**18-19**	**20-29**	**30-39**	**40+**
Natural	79	71.8	0	4	9	38	21	7
Unintentional Injury	18	16.4	0	2	1	7	4	4
Homicide	8	7.3	0	2	1	4	0	1
Suicide	2	1.8	0	0	0	0	1	1
Undetermined	3	2.7	0	0	0	1	1	1
Total	110	100	0	8	11	50	27	14
Percentage*	100		0	7.2	10	45.5	24.6	12.7

*Percentage of total deaths

descriptions of five initiatives: REACH 2010, Perinatal Periods of Risk, Bridges to Care, Health Care for the Homeless, and a unique new initiative just starting called "Community Scholars."

REACH 2010

The goal of the Nashville REACH 2010 initiative is to reduce, and eventually eliminate, disparities in cardiovascular disease and diabetes between African Americans and whites living in the North Nashville area of Davidson County. The four-year initiative is being evaluated based on a comparison of risk and protective behaviors of residents prior to (baseline) and following the initiative. The specific indicators include measures of access to care, quality of care, health care utilization, nutritional habits and attitudes, tobacco use, level of physical activity and attitudes, readiness and barriers to lifestyle changes, health status (diabetes, CVD, physical/mental), environmental factors, and social milieu.

In 1999, 41,302 persons lived in the 11 census tracts of the North Nashville target area defined in the REACH 2010 initiative, and 90% of these persons were African American. Twenty-eight percent of the African American residents of Nashville lived in North Nashville in 1999. REACH 2010's two priority areas of concern are disparities in cardiovascular disease and diabetes in the target area. African Americans in North Nashville have higher age-adjusted death rates and premature death rates due to CVD and diabetes than whites in Davidson County. The age-adjusted death rates for these two diseases among African Americans in Nashville also exceed the U.S. rates for African Americans. The 1998 age-adjusted death rate for heart disease among North Nashville blacks is 77% higher than the rate for whites. The rate is 27% higher than the 1997 U.S. rate for African Americans. In 1998, the age-adjusted death rate due to diabetes for African Americans in North Nashville (33.4 deaths per 100,000 population) was 2 ½ times higher than the rate for whites (13.9 deaths per 100,000) and 16% higher than the U.S. rate for African Americans (28.9 per 100,000).[1]

Matthew Walker Comprehensive Health Center is the lead agency in the REACH 2010 initiative. Metro Public Health Department, Vanderbilt University Medical Center, and Meharry Medical College are also providing services. Dr. Stephanie Bailey, Director of MPHD, serves as the Director of Evaluation. Two staff from the Health Promotion (HP) Division and two staff from the Research and Evaluation Division also work on the project. The HP staff assists in developing and coordinating a comprehensive training program for REACH project staff and community volunteers and provides technical assistance to REACH staff as they implement specific REACH projects.

The REACH project has four staff teams consisting of an outreach worker and a health educator. Each team has a different focus: improving access to quality care, increasing screening for undiagnosed disease, attacking tobacco use, and promoting healthy lifestyles among residents of North Nashville. Specific interventions include: faith-based health initiatives and screening trainings, smoking prevention and cessation programs, community walk-abouts and walking clubs, development of a community resource guidebook and North Nashville cookbook, and other educational sessions encouraging community readiness to change.

Progress is primarily tracked using a web-based data entry system designed to capture process and short-term outcomes. This database includes the tracking of program meetings, participant registration, milestones, media exposure, community action activities, systems changes, community organizational resources, community anecdotes, and project barriers. In addition, the REACH evaluation staff has conducted telephone surveys and focus groups to establish baseline measurements for behaviors related to diabetes and cardiovascular disease. Subsequent studies will be conducted to measure the impact on individual behavior and community policies and practices.

PERINATAL PERIODS OF RISK (PPOR)

Infant mortality has been a measure by which a society's well being has been judged for centuries. The Davidson County infant mortality rate is higher than Shelby County's rate and much higher than the national average. The disparity gap between African-American and white infants has remained consistent or worsened even though the overall mortality rate has decreased. African-American infants are more than two times more likely to be born prematurely and die before they turn age one than white infants and are nearly three times more likely to die from a preventable injury.

The 1998 age-adjusted death rate for heart disease among North Nashville blacks is 77% higher than the rate for whites.

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Infants born into stressful environments like those often associated with poverty are more likely to have poor birth outcomes.

PPOR is a process by which infant mortality data is analyzed, shared with the community, and together the coalition of identified stakeholders comes up with a plan of action as how to make a difference. MPHD, the lead organization on this project, has initiated several programs based on the knowledge acquired from this process. The Baskets for Babies project provides safe places for babies to sleep, along with additional information about SIDS (Sudden Infant Death Syndrome) and healthy sleep positions.

The Bright Beginnings program addresses the problem of delayed entry into prenatal care and the subsequent delivery of low birth weight infants. A disproportionate percentage of young pregnant women (ages 10 - 19) enter prenatal care late in their pregnancy, if at all, and therefore deliver an increased number of low birth weight (weighing less than 2,500 grams) and very low birth weight (weighing less than 1,500 grams) infants. All young women under 20 who test positive for pregnancy at Lentz Public Health Center are offered an on site risk assessment screening, presumptive TennCare (if applicable), enrollment in the WIC (Women, Infants, and Children) Program, prenatal vitamins, assistance with scheduling the first prenatal appointment, and community referrals. Follow-up services include a home visit by a Registered Nurse who completes a full risk assessment. Women identified as being *lower risk* will receive 3 months (1st trimester) case management to ensure early prenatal appointments are kept and in-home pregnancy education; *high risk* women will receive referral to Central Referral for long-term home visiting services. The pilot program began in March 2003. Effectiveness of the initiative will be measured by increased percentage of young women (ages 10 - 19) who keep early prenatal appointments, enroll in WIC, and deliver full term healthy infants.

BRIDGES TO CARE (BTC)

Nashville is fortunate to have a large number of primary care clinics that are available to serve uninsured persons on a sliding fee scale. On the other hand, there are large numbers of uninsured persons who continue to go to hospital emergency departments for routine primary health care. These persons may be new in the community and don't know about the "safety net" clinics, or they may prefer to go to hospital emergency rooms (ER) because they are open at a convenient time. This pattern is costly to the community and does not provide the optimal continuity and comprehensiveness of care for uninsured patients that are available at "safety net" clinics. Through the leadership of Metro Public Health Department, the Nashville Consortium of Safety Net Providers was created in May 2000 to address the problem. The Consortium (21 organizations including hospitals, primary care clinics, dental clinics, mental health centers, and alcohol and drug treatment centers) created the Bridges to Care program to link uninsured persons to a "medical home."

Bridges to Care began enrolling uninsured persons in February 2002 and as of May 28, 2003 has 13,897 members.

Bridges to Care began enrolling uninsured persons in February 2002 and as of May 28, 2003 has 13,897 members. Of these, 35% are African American, 29% are Hispanic, 12% are homeless, and all are low-income. All of these have been screened for potential TennCare eligibility, and more than 1,000 have subsequently been enrolled in TennCare. All have also been screened for mental health and alcohol and drug treatment needs, and more than 400 have been referred to a provider who will treat them based on their ability to pay. The program also includes prescription medications for a $5 co-payment and free transportation for those who need it to a medical provider. Through February 2003, the BTC pharmacy has filled more than 12,000 prescriptions.[2]

While the number of uninsured in a given community is always fluctuating, a December 2002 survey conducted by the University of Tennessee found that there is an estimated 35,903 uninsured persons in Davidson County. This number is likely to climb due to changes in TennCare, but comparing this number to those enrolled in Bridges to Care indicates that about one third of the uninsured in Nashville have been linked to a primary care provider. MPHD will be conducting an analysis of non-emergency hospital ER visits in 2003 to determine if the Bridges to Care program has had an impact.[3]

Finally, the Nashville Consortium of Safety Net Providers has supported an effort led by the Meharry-Vanderbilt Alliance to assure standards of practice in "safety net" clinics for diabetic patients. This initiative has involved extensive chart audits of diabetic patients at participating "safety net" clinics to determine adherence to the standards of care with feedback and education being provided to medical, nursing, and clerical staff.

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HEALTH CARE FOR THE HOMELESS

Homeless persons in Nashville may number as many as 5,000 persons on any given day. Homeless persons in Nashville are disproportionately African American and Hispanic. They are also poor and have disproportionate incidence of diseases such as diabetes, cardiovascular disease, tuberculosis, mental illness, and alcoholism. Metro Public Health Department operates a health care for the homeless program that includes a primary care clinic, a primary dental clinic, an alcohol and drug treatment program, and a mental health treatment program. This program is closely coordinated with the Campus for Human Development that provides day shelter, respite, education services, and emergency support to the homeless in Nashville.

The Downtown Clinic for the Homeless served 3,457 individual homeless persons in 2002. These persons received a total of 14,122 service encounters: 5,281 medical, 1,880 dental, 1,151 mental health, 3,193 substance abuse, and 2,617 social service.[4]

The Downtown Clinic for the Homeless has most recently embarked on a new initiative to standardize its treatment services for diabetic homeless patients. This effort will be undertaken along with other local clinics already participating in the disease management program led by the Meharry-Vanderbilt Alliance referenced in the Bridges to Care description.

COMMUNITY SCHOLARS

Metro Public Health Department has just launched a unique new program designed to identify, encourage, and equip members of community organizations and community activists to become effective change agents in their respective communities. Participants must make a one year commitment to attend courses and workshops conducted by MPHD. During the year, they will also design and implement a community-based project (educational, exploratory, or needs assessment) and disseminate the results back to their community. A special team of community scholars will be selected to focus on health disparities.

Additional Disparity Initiatives at Metro Public Health Department

North Nashville Asthma Initiative - an educational program focusing on the identification of potential in-home environmental asthma triggers and the clinical manifestations of asthma in a public housing community in North Nashville.

South Nashville Kurdish Initiative - a community-based intervention designed to respond to the assessed need for education regarding women's health in the Kurdish community.

Asthma and American Lung Association Initiative - a grassroots project to educate families concerning asthma management and to update and/or educate all individuals who provide direct patient care about pediatric and adult asthma utilizing the 2002 National Heart, Lung, and Blood Institute (NHLBI) guidelines for asthma management.

Asthma Symptom Perception in African American Asthmatics Study - a study designed to assess the ability of African Americans to properly assess asthma symptoms and the effect on asthma self care behaviors.

Diabetes Self-Management Education Initiative - a program to provide diabetic patients with the needed education to empower them with the ability to self-manage their diabetes and a community-based disease prevention program to educate the public about how to reduce risk factors associated with diabetes.

Cultural Competency Initiative - a multi-faceted cultural competency program under the leadership of a full-time Title VI Coordinator to ensure that MPHD provides equal and meaningful access to healthcare for the entire community regardless of race, color, or national origin.

Cardiovascular Disease Initiative - the Nashville Cardiovascular Health Coalition to enhance community participation in the planning and development of cardiovascular health promotion programs and activities designed to educate and increase awareness of cardiovascular disease risk factors.

Disparities Report - a report addressing existing and needed policies and community and MPHD resources geared towards addressing racial and ethnic health disparities in Davidson County.

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Stroke Initiative - a joint effort with the American Heart Association to recruit and equip churches in North Nashville to educate their parishioners about stroke and how to reduce risk factors associated with stroke.

Tuberculosis (TB) Elimination Program - an extensive outreach effort to identify and treat TB among the African American population and the large and growing numbers of foreign-born residents of Nashville.

References:

[1] Matthew Walker Comprehensive Health Center. Nashville REACH 2010 Phase II Grant Application. 2000. Nashville, TN.
[2] Metro Public Health Department. Bridges to Care Program. Unpublished data. 2003. Nashville, TN.
[3] Lyons W, Fox WF. *The Nature of the Uninsured Population in Davidson and Surrounding Counties*. Knoxville, TN: Center for Business and Economic Research, College of Business Administration, Social Service Research Institute, University of Tennessee; 2003.
[4] Metro Public Health Department. Downtown Clinic for the Homeless. Unpublished data. 2002. Nashville, TN.

For more information about the Initiatives listed above contact:

REACH 2010	Linda McClellan, Project Director, at 327-9400
Perinatal Periods of Risk	Division of Child and Adolescent Health at 340-5614
Bridges to Care	Elliott Garrett at 340-5686
Health Care for the Homeless	Downtown Clinic for the Homeless at 862-7900
Community Scholars	Nancy Horner at 340-5683
North Nashville Asthma Initiative South Nashville Kurdish Initiative Asthma and American Lung Association Initiative Cardiovascular Disease Initiative Stroke Initiative	Lindsay Plott at 340-0405
Asthma Symptom Perception in African American Asthmatics Study Disparities Report	Dr. Rhonda Belue at 340-5265
Tuberculosis Elimination Program	Tuberculosis Control at 340-5650
Diabetes Self-Management Education Initiative	Tracy Buck at 340-2259

Editor's Note: The following information was submitted by Tom Starling, Director of the Alzheimer's Association, Mid-South Chapter, Middle Tennessee Regional Office. The Alzheimer's Association advises that although wandering (see definition below) can occur at any stage of Alzheimer's disease, most families wait until a crisis occurs before they consider obtaining help. For example, during the week of May 19, 2003, a mother with mild cognitive impairment visited her daughter in Brentwood, TN and left to return to her home in Clarksville, TN. The mother was not heard from until the next day when she was found at a McDonalds restaurant in Indiana. The Safe Return Program facilitates the safe recovery of individuals with Alzheimer's disease or related dementias who may wander away from their caregivers. To obtain more information about the Safe Return Program contact the Middle Tennessee Alzheimer's Association at 615-292-4938.

ALZHEIMER'S® ASSOCIATION

Someone to Stand by You

Safe Return Program

- Safe Return is a national, government-funded program of the Alzheimer's Association that assists in the identification and safe, timely return of individuals with Alzheimer's disease and related dementias who wander off, sometimes far from home, and become lost.
- The Alzheimer's Association's Safe Return Program is the only nationwide program of its kind specifically for people with Alzheimer's disease.
- Since the program began in 1993, more than 100,000 individuals have registered in Safe Return nationwide.
- The program has facilitated the recovery of nearly 8,000 individuals to their families and caregivers with a near 100 percent success rate in safely returning those registered in the program.

What is wandering?

Wandering is the most common behavior associated with Alzheimer's disease. People with Alzheimer's can become lost (even in familiar settings), leave a safe environment, or intrude in inappropriate places. Wandering can happen anytime or any place throughout the progression of the disease and can be life-threatening for the individual.

How does Safe Return work?

The Safe Return Program helps unite families by working through Alzheimer's Association chapters across the country and trained community members like law enforcement officials, emergency medical technicians, and transit operators. The program includes:

- Identification products, including bracelets or necklaces, wallet cards, clothing labels, and telephone stickers.
- A confidential, national photo/information database.
- A 24-hour toll-free emergency incident line.
- Alzheimer's Association support.
- Wandering behavior education and training for caregivers, families, law enforcement, and other emergency responders.

If the registrant wanders and is found, the person who finds him/her can call the Safe Return toll-free number located on the wanderer's identification bracelet, necklace, wallet card, or clothing labels. The Safe Return care consultant immediately alerts the family members or caregiver listed in the database so they can be reunited with their loved one.

If a person is reported missing by a family member or caregiver, Safe Return can fax local law enforcement agencies the missing person's information and photograph. Local Alzheimer's Association chapters provide family support and assistance while police conduct the search and rescue.

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Safe Return Program ...continued from page eight

Registration

To register, a person with Alzheimer's disease or their caregiver fills out a simple form, supplies a photograph, and chooses the type of identification product that the registrant will wear. The registration fee is $40, and optional caregiver jewelry is $5. *Scholarships are available in Middle Tennessee to cover the cost of registration*. Contact the local Alzheimer's Association at the number below for more information on scholarship availability. When registering on-line or by phone, the following information is required:

- Registrant's name and contact information
- Registrant's identifying characteristics (Social Security number, height, weight, eye color, distinguishing marks and characteristics, etc.)
- Registrant's *exact* wrist measurement in inches (required when ordering a bracelet)
- Up to three contact names, addresses, and phone numbers
- Local law enforcement information (address, phone, and fax numbers)
- Credit card number and expiration date

For more information about the Alzheimer's Association and the Safe Return Program, visit www.alz.org/SafeReturn or call Leslie Collins at (615) 292-4938.

DID YOU KNOW?

In Nashville, in 2000, Alzheimer's disease:

√ Was the eighth leading cause of death.

√ Accounted for 1.8% of all deaths for the year.

√ Had an age-adjusted mortality rate of 17.69 per 100,000 population.

√ Was the eighth leading cause of death for females.

√ Was the eighth leading cause of death for whites.

√ Was the eighth leading cause of death for both white males and white females.

√ Was the seventh leading cause of death for adults 65 years of age and older.

Division of Epidemiology, Metro Public Health Department. *Health, Nashville and Davidson County, 2002*. Nashville, TN: 2002.

Metro Public Health Department's Chronic Disease Team Announces Publication of *The Encourager*

The Chronic Disease Team of the Metro Public Health Department is pleased to announce the quarterly publication of *The Encourager*. This newsletter is for people with or at risk for chronic diseases such as diabetes, cardiovascular disease, and chronic kidney disease. The newsletter is designed to provide the most current information on prevention, wellness, self-management skills, and medical technology associated with the mentioned chronic diseases. If you are interested in receiving a copy of this newsletter, please contact the Chronic Disease Team at 615-340-5613 or email tracy.buck@nashville.gov.

To report a notifiable disease, please contact:

Sexually transmitted diseases: Brad Beasley at 340-5676
AIDS/HIV: Mary Angel-Beckner at 340-5330
Hepatitis B: Denise Stratz at 340-2174
Tuberculosis: Alisa Haushalter at 340-5650
Hepatitis C: Pat Sanders at 340-5632
Vaccine-preventable diseases: Mary Fowler at 340-2168
All other notifiable diseases: Pam Trotter at 340-5632

Return Service Requested

Public Health Watch welcomes feedback, articles, letters, and suggestions. To communicate with *Public Health Watch* staff, please:

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